PYG/8B:17 (12-64v2)

Approved for use through 67/31/2006, CMB 955-1/5002 U.S. Patent and Frademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paparanck Reduction Act of 1995, no persons are reput

Effective on 12/08/2004. Fees trusuent to the Consolitized Appropriations Act. 2005 (H.P., 4818).			Complete if Known						
FEE TRANSMITTAL				Application Number 09/9		9/965,374	365,374		
				Filing Date	٤	Sepi. 26, 2001			
For FY 2005			First Named Inv	zentor (	Loucks				
Applicant staims small entity status. See 37 CFR 1.27			Examiner Name	9	lenniter To				
			Art Unit	2195					
TOTAL AMOUNT OF PA	YMENT (\$	)		Attorney Docke	t No. 8	414			
METHOD OF PAYMEN	¶T (check a	I that apply)			**********	***************************************	***************************************		
Check Credit	Card	Money Order	None	e Dother is	sleuse iden	u(v):			
	Check Credit Card Money Order None Other I please identify:  Deposit Account Denover Account Names 50-3102 Deposit Account Name Berry & Associates, P.C.								
For the above identified deposit account, the Director is hereby authorized to (check at that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the figing fee									
Change any additional tacks or underpayments of feets) Credit any overpayments  WARNING Information and anthorization or proceed to the control of the contr									
FEE CALCULATION		***************************************			***************************************	***************************************	***************************************		
BASIC FILING, SEA     Application Type	FILING			OH FEES Small Entity Fee (\$)	EXAM	NATION FEES Small Entity Fig. (S)	Foos Paid (\$)		
Uillity	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Relasue	300	150	500	250	600	300			
Provisional	200	100	0	n	0	0			
EXCESS CLAIM FE Fee Description     Each claim over 20     Each independent of Multiple dependent Total Claims	(including F nim over 3 - claims	(including Reiss				50 50 200 360	Small Entity Fee (\$1 25 100 180		
- 20 or HP *	Extra Clai		200	Paid (\$)		Fee (\$)	pendent Claims Fee Paid (\$)		
HP * highest number of tot indep. Claims - 3 or HP *	el claims peid f Extra Clai	or if greater than 20. ms Fea (\$)	Fee	Paid (\$)		133.101	130.1.0.0101		
HF = highest number of mo	sçandeni dam	s paid for, if greater !	than 3	**********					
Sheets or fraction : Total Sheets 100 = 4. OTHER FEE(S) Non-English Specif	d drawings FR L S2(e) hereof. Sec Extra She	), the application  35 U.S.C. 41(a  sts Numb  750 =	n size fee ()(1)(G) a er of each	due is \$250 (\$ and 37 CFR 1.1 additional 50 o (round up to a v liscount)	(125 for 6(s), or fraction whole num	small entity) for 1.thereof Four ther) x	each additional 50 (5) Fee Paid (\$)  Fees Paid (\$)		
Other (e.g., late filit	ig surcharge	): Filing Appeal B	rief				\$500		

1	SUBMITTED BY						
<b>MANAGEM</b>	Signature	Dry C	Registration No (Attorney/Agent) 44186	Telephone 416 414 3656			
-	Name (Prim/Typer	YHomas M. isaacson		Date Jan. 27, 2006			

This collection of information is required by 37 CFR 1, 136, The information is required to obtain or retain a benefit by the public which is to file (and by the ADDRESS, SERD TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.